Questions for vendors and clearinghouses
HIPAA Preparedness Questionnaire

PLEASE FILL OUT THIS QUESTIONNAIRE AND THEN FAX IT BACK TO YOUR CLIENT.

1. Are you developing software to meet my HIPAA needs?

Q: What HIPAA transactions does your product support? Does it support:

❏ Payment and remittance?
❏ Claims and encounter information?
❏ Claims status inquiry?
❏ Eligibility inquiry?
❏ Referral and authorization inquiry?

Q: Which products do you now sell or support, which will not be supported after October 16 deadline or will not be HIPAA compliant?

A:_____
_____
_____
_____
_____
_____

Q: When will the software updates be available?

A:_____
_____
_____
_____
_____
_____
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_____

Q: Does my office need a new software release or do we need an entire upgrade?

A:_____
_____
_____
_____
_____
_____

Q: Can I upgrade to the various electronic transactions incrementally?

A:_____
_____
_____

Q: Will I need hardware upgrades?

A:_____
_____
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Q: What training, support and services are available to help my office?

A:_____
_____
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_____
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_____

Q: Do you charge extra for training and support services?

A:_____
_____
_____
_____
_____
_____

Q: Who should I contact to discuss HIPAA transactions?

Name: _____
Phone: _____
e-mail: _____

2. Will your software support HIPAA transactions and code set requirements?

Q: Do you use the official Implementation Guides for the HIPAA transactions? Is your software using the latest version of the guides (4010A1)?

A:_____
_____
_____
_____
_____

Q: Have you consulted the companion guides for all my payers?

	Yes	No
Michigan Medicaid	❏	❏
BCBSM	❏	❏
Medicare B	❏	❏
Medicare A	❏	❏
Other: _____	❏	❏

Q: Does your product support collecting the required and situational claim data?

A:_____
_____
_____

Q: Will your software support all required HIPAA code sets?

A:_____
_____
_____

Q: Is there a process for cross-walking from current codes to the HIPAA mandated codes?

A:_____
_____
_____
_____
_____

Q: What new data do I need to collect?
A:_____
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Q: Are compliance edits built into your
software?
A:_____
_____
_____
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Q: Do you have a price list for the
various upgrades, or new version
of software?
A:_____
_____
_____
_____
_____

Q: (For Clearinghouses) How can
we submit transactions directly
to you? Are there any changes in
connectivity?
A:_____
_____
_____
_____
_____
_____

**3. What are your electronic
transactions and code set
testing plans?**

Q: How much lead time is required to
install and test the software?
A:_____
_____
_____
_____
_____
_____
_____
_____
_____

Q: How will current claims processing
with existing formats proceed while
testing new ones?
A:_____
_____
_____
_____
_____
_____
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_____

Q: Has the software received
independent certification that it
can generate HIPAA compliant
transactions? From which company?
A:
❑   Foresight's HIPAA Validator
❑   Claredi
❑   Other (please list)
_____
_____
_____

Q: Have you tested successfully with
any of my payers? Which ones?

	Yes	No
Michigan Medicaid	❑	❑
BCBSM	❑	❑
Medicare B	❑	❑
Medicare A	❑	❑
Other: _____	❑	❑

Q: What are your contingency plans if
you cannot be ready on time?
A:_____
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Additional Space for Answers:
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PLEASE FAX THIS QUESTIONNAIRE TO: _____

*I declare that I have examined this questionnaire, and to the best of my knowledge and belief, all the answers given
are true, correct, and accurate.*

Signature: _____   Title: _____   Date: _____

Many questions courtesy of CMS (Centers for Medicare & Medicaid)